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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUMBER: 005000003		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: RHODE IS.RA	CING PIGEON CLUB OF	MASS., INC.
DOING BUSINESS AS		
ADDRESS: COLVIN STREET		
ADDRESS. COLVINGIALLI		
CITY/TOWN ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER: ARAUJO, EDWARD	TYPE OF LICENSE: Clu	b CATEGORY: All Alcohol
LD WIND		
DESCRIPTION OF LICENSED PRE	MISES:	
ALL ROOMS TWO FLOORS OF A		
SECOND FLOOR. BASEMENT BA		VEL MEETING AREA, 2 EXITS
I hereby certify and swear under pena		
1. the renewed license will be	**	•
<ul><li>2. the licensee has complied a</li><li>3. the premises are now open</li></ul>		<u> </u>
3. the premises are now open	Tor business (if not explain	i below)
SIGNED BY		
Individual, Part	tner or Authorized Corporat	te Officer
		014-54-7135
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
		certificate required by Chapter 304 of the of the fire department for the above
		nce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		<b>.</b>



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUN	MBER: 005000005			
APPLICATION	N FOR RENEWAL:	Annual	L	ICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: WETHERLAIN	NE, INC		
DOING BUSIN	NESS AS WETHERLA	AINE'S		
ADDRESS: 20	66 COUNTY STREET	[		
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	WETHERBEE,JAC K	TYPE OF LICENSI	E: Restaurant	CATEGORY: All Alcohol
1 FLOOR,1 ST EXITS. FRON	N OF LICENSED PRE TORY BLDG, 2 ROOM TO AND REAR ROOM and swear under pena	MS WITH CELLAR I		E 2 ENTRANCES AND TCHEN
	renewed license will be	• •	•	
	licensee has complied			relating to taxes; and
3. the p	premises are now open	for business (If not e	explain below)	
SIGNED BY	Individual, Part	tner or Authorized Co	orporate Office	r
				035-46-0003
DATE:	TELEPH	IONE NUMBER:		MPLOYER IDENTIFICATION NUMBER:  NOT Individual Social Security Number)
Acts of 2004, s	signed by the building	g inspector and the l	head of the fire	e required by Chapter 304 of the e department for the above nired by Chapter 116 of the Acts
Please Check			LOCAL	I IOENGING AUTHODITY
APPROVED:			By:	LICENSING AUTHORITY
DISAPPROVE (If disapproved			۵,۰	
· Fr	. /			



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NU	MBER: 005000007		
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: STONE-E-LI	EA GOLF COURSE INC	
DOING BUSI	NESS AS		
ADDRESS: 1	411 COUNTY STRE	EET	
CITY/TOWN	ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER:	LA PIERRE, DAVID M.	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
DESCRIPTIO	N OF LICENSED PR	EMISES:	
ONE ROOM (			OG AND STORAGE ROOM FOR
I hereby certify	and swear under per	alties of perjury that:	
-	=	be of the same type for the sa	me premises now licensed;
2. the	licensee has complied	l with all laws of the Commo	nwealth relating to taxes; and
3. the	premises are now ope	en for business (If not explain	below)
SIGNED BY			
	Individual, Pa	artner or Authorized Corporat	e Officer
			042-49-7904
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004,	signed by the building	ng inspector and the head o	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check			LOCAL LICENSING AUTHORITY
APPROVED:			LOCAL LICENSING AUTHORITY
OISAPPROVI			By:
THE CHISAPPROVEC	rexpiami		



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUMBI	ER: 005000008			
APPLICATION FO	OR RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: JOYCE I. LYON	S		
DOING BUSINES	S AS LYONS DEN			
ADDRESS: 013-1	5 DUNHAM ST			
CUTY /TOWN				ZID CODE: 02702
CITY/TOWN A	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	Т	YPE OF LICENSI	E: Restaurant	CATEGORY: All Alcohol
ALL ROOMS ON	F LICENSED PREM THE FIRST FLOOR G ROOM AND CEL	OF A TWO STO		CLUDING BAR, HOLIC BEVERAGES
<ol> <li>the rene</li> <li>the licer</li> </ol>	I swear under penaltie wed license will be on usee has complied with unises are now open for	f the same type for th all laws of the C	ommonwealth	relating to taxes; and
SIGNED BY	Individual, Partne	r or Authorized Co	orporate Office	er
				028-40-9984
DATE:	TELEPHO	NE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: te: NOT Individual Social Security Number)
Acts of 2004, sign	ed by the building in	nspector and the l	nead of the fi	nte required by Chapter 304 of the re department for the above quired by Chapter 116 of the Acts
Please Check Bel	LOW:		1.004	LIGENGING AUTHORITY
APPROVED:			LOCAI By:	L LICENSING AUTHORITY
DISAPPROVED: (If disapproved exp	blain)		25.	
•				



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUI	MBER: 005000011			
APPLICATIO	N FOR RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: SOUTH ATT	LEBORO COLUMBI	AN CORP.	
DOING DUGI	MEGG AG			
DOING BUSIN				
ADDRESS: 3	04 HIGHLAND AVE	NUE		
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	ST. PIERRE, ROGER M.	TYPE OF LICENSI	E: Club	CATEGORY: All Alcohol
	N OF LICENSED PRI S,FIRST FLOOR OF	EMISES: A ONE STORY BUII	LDING WIT	TH NO CELLAR
I hereby certify	and swear under pena	alties of perjury that:		
1. the	renewed license will b	be of the same type for	the same pro	emises now licensed;
2. the	licensee has complied	with all laws of the C	ommonwealt	th relating to taxes; and
3. the	premises are now open	n for business (If not e	xplain below	v)
CICNED DV				
SIGNED BY	Individual, Par	rtner or Authorized Co	orporate Offi	cer
				042-62-5322
DATE:	TELEPI	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:
	IDDDI	TOTAL TROVIBLIA.	(N	tote: NOT Individual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the l	nead of the f	cate required by Chapter 304 of the fire department for the above equired by Chapter 116 of the Acts
Please Check	Below:		LOCA	AL LICENSING AUTHORITY
APPROVED:			By:	AL LICENSING AUTHORITY
DISAPPROVE			Dy.	
(If disapproved	i expiaiii)			



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUMBER: 005000014		
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: HIGHLAN	D COUNTRY CLUB OF ATT	LEBORO MASS.
DOING BUSINESS AS		
ADDRESS: 104 MECHANIC ST	TREET	
CITY/TOWN ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER: PICARD,DONNA	A J. TYPE OF LICENSE: Clu	category: All Alcohol
DESCRIPTION OF LICENSED F ALL ROOMS, TWO FLOORS OF PATIO ATTACHMENT TO THE	F A TWO-STORY BLDG. & E	BASEMENT AND A 12'X70' STONE LONG THE FAIRWAY.
2. the licensee has compli	enalties of perjury that:  Il be of the same type for the sa ed with all laws of the Common pen for business (If not explain	nwealth relating to taxes; and
SIGNED BY Individual,	Partner or Authorized Corporat	e Officer
DATE: TELE	EPHONE NUMBER:	041-43-8990 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ding inspector and the head o	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHORITY By:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUMBER	:005000015		
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NAME:	SOUTH ATTLEBO	ORO POST #312 INC. T	THE THE
DOING BUSINESS A	AS		
ADDRESS: 437 NE	WPORT AVENUE		
CITY/TOWN AT	TLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER: CAN	NON, ALBERT TY	PE OF LICENSE: Vete	rans club CATEGORY: All Alcohol
DESCRIPTION OF I ALL ROOMS TWO		SES: O STORY BUILDING	AND BASEMENT
2. the license	ed license will be of the has complied with	the same type for the same	ne premises now licensed; wealth relating to taxes; and below)
SIGNED BY	Individual, Partner	or Authorized Corporate	Officer
DATE:	TELEPHON	E NUMBER:	046-11-1799 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed	by the building ins	spector and the head of	rtificate required by Chapter 304 of the the fire department for the above ace required by Chapter 116 of the Acts
APPROVED: DISAPPROVED: (If disapproved expla	_	_	LOCAL LICENSING AUTHORITY By:

DATE:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005000017						
APPLICATION FOR RENEWAL:	Annual	LIC	CENSED FOR 2013			
	CLASS		YEAR			
LICENSEE NAME: A.C. RESTAU	URANTS, INC.					
DOING BUSINESS AS COL BLAC	CKINTON INN					
ADDRESS: 203-07 NO. MAIN ST	•					
CITY/TOWN ATTLEBORO	STATE:	MA	ZIP CODE: 02703			
MANAGER: CANOVA, ANTONY M.	TYPE OF LICENSE	E: Innholder	CATEGORY: All Alcohol			
DESCRIPTION OF LICENSED PREMISES: 7 AREA ROOMS, LOBBY, FOYER, SITTING, DEN, SITTING ROOM, TEA/GIFT ROOM, 2 DINING ROOMS. ON THE FIRST FLOOR OF A 2 1/2 STORY BLDG WITH CELLAR CRAWL SPACE FOR STORAGE OF ALCOHOLIC BEVERAGES, OUTSIDE PATIO AREA AND CARRIAGE SHED. RECEPTION ROOM						
I hereby certify and swear under penalties of perjury that:						
1. the renewed license will be	be of the same type for	the same premis	ses now licensed;			
2. the licensee has complied			lating to taxes; and			
3. the premises are now ope	en for business (If not ex	xplain below)				
SIGNED BY Individual, Pa	urtner or Authorized Co	rporate Officer				
			030-46-0402			
DATE: TELEP	HONE NUMBER:	EM	PLOYER IDENTIFICATION NUMBER:			
		(Note: <u>]</u>	NOT Individual Social Security Number)			
We the undersigned, attest that w Acts of 2004, signed by the buildin named license and (2) the certification of 2010.	ng inspector and the h	ead of the fire	department for the above			
Please Check Below:		IOCALI	ICENCING AUTHODITY			
APPROVED:		By:	ICENSING AUTHORITY			
DISAPPROVED: (If disapproved explain)		27.				



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#### **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUN	MBER: 005000024		
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: DEPINA'S PLACE		
DOING BUSIN	NESS AS PLEASANT STRE	EET BAR & GRILL	
ADDRESS: 50	0 PLEASANT STREET		
CITY/TOWN	ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER:	DEPINA,BENVIND TYPE	E OF LICENSE: Resta	nurant CATEGORY: All Alcohol
ALL ROOMS  I hereby certify  1. the 1  2. the 1	N OF LICENSED PREMISE ON THE FIRST FLOOR OF and swear under penalties of renewed license will be of the licensee has complied with all premises are now open for bu	F A ONE STORY BLD f perjury that: e same type for the san ll laws of the Common	ne premises now licensed; wealth relating to taxes; and
SIGNED BY	Individual, Partner or	Authorized Corporate	Officer
			272-11-8676
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, s	signed by the building insp	ector and the head of	rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts
Please Check	Below:	_	
APPROVED:			OCAL LICENSING AUTHORITY
DISAPPROVE	<del></del>	Ŀ	зу:
(If disapproved	explain)		



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUI	MBER: 005000026		
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: Giknini, Inc		
DOING BUSIN	NESS AS Blue Moon	Restaurant & Bar	
ADDRESS: 1	83 PLEASANT ST		
CITY/TOWN	ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER:	Liu, Xue Jing	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
ONE STORY I		N A MINI MALL. RESTAUL KITCHEN, STORAGE ARE	RANT HAS ONE DINING ROOM, EA, RESTROOMS. MAIN ENTRANCE
I hereby certify	and swear under pen	alties of perjury that:	
1. the	renewed license will	be of the same type for the sa	me premises now licensed;
2. the 1	licensee has complied	l with all laws of the Common	nwealth relating to taxes; and
3. the j	premises are now ope	en for business (If not explain	below)
SIGNED BY			
	Individual, Pa	artner or Authorized Corporat	e Officer
DATE:	TELEP	HONE NUMBER:	205-80-8150 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head o	rertificate required by Chapter 304 of the fthe fire department for the above nce required by Chapter 116 of the Acts
Please Check	Below:		LOGAL LIGENSING AVENUE TO
APPROVED:			LOCAL LICENSING AUTHORITY  By:
DISAPPROVE			By:
(If disapproved	i expiain)		



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUM	IBER: 005000028			
APPLICATION	FOR RENEWAL:	Annual	Ι	LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: P-A RESTAU	RANT INC		
DOING BUSIN	ESS AS			
ADDRESS: 65	PRAIRIE AVENUE	L		
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
	LAUREANO, DEODATO	TYPE OF LICENSI	E: Restaurant	CATEGORY: All Alcohol
	OF LICENSED PRE	EMISES: OR OF A ONE STOR	RY BLDG AN	D BASEMENT
<ol> <li>the re</li> <li>the li</li> </ol>	censee has complied	alties of perjury that: e of the same type for with all laws of the Co n for business (If not e	ommonwealth	relating to taxes; and
SIGNED BY	Individual, Par	tner or Authorized Co	orporate Office	er
DATE:	TELEPF	HONE NUMBER:		041-73-8175  EMPLOYER IDENTIFICATION NUMBER: e: NOT Individual Social Security Number)
<b>Acts of 2004, si</b>	igned by the buildin	g inspector and the l	nead of the fir	te required by Chapter 304 of the re department for the above uired by Chapter 116 of the Acts
APPROVED: [ DISAPPROVEI (If disapproved)	D:		LOCAL By:	LICENSING AUTHORITY



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUMBER: 005000030						
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013				
	CLASS	YEAR				
LICENSEE NAME: MORIN'S DINER IN	С					
DOING BUSINESS AS MORIN'S GRILLE	& SPIRITS					
ADDRESS: 016-20 SOUTH MAIN ST						
CITY/TOWN ATTLEBORO	STATE: MA	ZIP CODE: 02703				
MANAGER: MORIN, WILLIAM TYPE J.	E OF LICENSE: Re	estaurant CATEGORY: All Alcohol				
DESCRIPTION OF LICENSED PREMISES: BLDG. WILL CONSIST OF 8 DINING RMS.A NEW OUTSIDE DIN- ING AREA. EXITING DOOR WILL BE REMOVED, AN EXISTING PARTITION TO MAINTAIN ARCHFORM ON DINING ROOM SIDE & REMOVING AN EXISTING BAR. MAIN ENTERANCE WAY WILLBE TO THE OUTSIDE DINING AREA.						
I hereby certify and swear under penalties of	perjury that:					
1. the renewed license will be of the	same type for the s	ame premises now licensed;				
2. the licensee has complied with all	l laws of the Comm	onwealth relating to taxes; and				
3. the premises are now open for bu	siness (If not explai	n below)				
SIGNED BY Individual, Partner or	Authorized Corpor	ate Officer				
21.02.1.00111, 2 11.0101 01	Tiumoniio Corpor					
DATE:	MIMDED.	042-02-1714 EMPLOYER IDENTIFICATION NUMBER:				
TELEPHONE I	NUMBER:	(Note: NOT Individual Social Security Number)				
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license of 2010.	ector and the head	-				
Please Check Below:		LOCAL LICENSING AUTHORITY				
APPROVED:		LOCAL LICENSING AUTHORITY By:				
DISAPPROVED: (If disapproved explain)		<i>∞</i> 3.				

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#### **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUI	MBER: 005000032			
APPLICATION	N FOR RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: ATTLEBORO	D LODGE B.P.O.ELKS	S #1014	
DOING BUSIN	NESS AS			
	87 SOUTH MAIN ST	Γ.		
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	MACK, JOHN C. SR.	TYPE OF LICENSE	E: Club	CATEGORY: All Alcohol
3 ROOMS ON	GE. PAVILLION ARI	OF A ONE STORY E		SEMENT BAR, ALSO USED DING. BUILDING HAS EIGHT
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will l	be of the same type for	the same pr	remises now licensed;
2. the	licensee has complied	with all laws of the Co	ommonweal	th relating to taxes; and
3. the	premises are now ope	n for business (If not e	xplain belov	w)
SIGNED BY				
SIGINED DI	Individual, Pa	rtner or Authorized Co	rporate Off	icer
				041-04-9420
DATE:	TELEP	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:
			(N	Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building	ng inspector and the h	ead of the	cate required by Chapter 304 of the fire department for the above equired by Chapter 116 of the Acts
Please Check	Below:			
APPROVED:				AL LICENSING AUTHORITY
DISAPPROVE	ED:		By:	
(If disapproved	l explain)			



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUI	MBER: 005000033			
APPLICATIO	N FOR RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: ATTLEBORG	O LODGE #463 LOYA	AL ORDER (	OF MOOSE
DOING BUSI	NESS AS			
ADDRESS: 2	41 THATCHER ST			
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	MCCARTHY, GARY	TYPE OF LICENSI	E: Club	CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PR	FMISES:		
THREE ROOM		F A ONE STORY BL	DG, CARD I	ROOM WITH OUTSIDE EXITS
I hereby certify	and swear under pen	alties of perjury that:		
	•	be of the same type for	the same pro	emises now licensed;
2. the	licensee has complied	l with all laws of the C	ommonwealt	th relating to taxes; and
3. the	premises are now ope	en for business (If not e	explain below	v)
SIGNED BY				
	Individual, Pa	artner or Authorized Co	orporate Offi	cer
				041-55-8990
DATE:	TELEP	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:
			(N	ote: NOT Individual Social Security Number)
We the under	signed attact that w	a ara in nassassian (1	) the cortific	cate required by Chapter 304 of the
		•	*	fire department for the above
named license of 2010.	e and (2) the certifica	ate of liquor liability i	nsurance re	equired by Chapter 116 of the Acts
Please Check	Below:			
APPROVED:				AL LICENSING AUTHORITY
DISAPPROVE			By:	
(If disapproved	l explain)			



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUMBER: (	005000034			
APPLICATION FOR F	RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	E.T.C. LOUNGE INC.			
DOING BUSINESS AS	S E.T.C. LOUNGE			
ADDRESS: 153 TUR	NER STREET			
CITY/TOWN ATT	LEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER: LAJOI	E, SALLY A. TYPE OF	F LICENSI	E: Restauran	cATEGORY: All Alcohol
DESCRIPTION OF LICTURE TWO ROOMS OF A C				
<ol> <li>the renewed</li> <li>the licensee</li> </ol>	ear under penalties of per license will be of the sar has complied with all law s are now open for busine	ne type for vs of the Co	ommonwealt	th relating to taxes; and
SIGNED BY	ndividual, Partner or Aut	horized Co	orporate Offi	cer
DATE:	TELEPHONE NUM	MBER:	(N	261-65-1112 EMPLOYER IDENTIFICATION NUMBER: fote: NOT Individual Social Security Number)
Acts of 2004, signed b	y the building inspector	r and the l	nead of the f	cate required by Chapter 304 of the fire department for the above equired by Chapter 116 of the Acts
Please Check Below:			LOCA	AL LICENSING AUTHORITY
APPROVED: DISAPPROVED:	]		By:	AL LICENSING AUTHORITT
(If disapproved explain	)		•	

DATE:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUME	BER: 005000037			
APPLICATION F	FOR RENEWAL:	Annual	1	LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: WONG CAFE INC			
DOING BUSINE	SS AS MON KOU REST			
ADDRESS: 676	WASHINGTON ST			
				STD GODE
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER: L	ONG, BAILEY W. TYPE	OF LICENSE	E: Restaurant	CATEGORY: All Alcohol
ALL ROOMS ON BAR,LOUNGE &		BLDG CON R STORAGE	OF ALCOHO	A LARGE DINING ROOM, DLIC BEVERAGES. FRONT I,REAR DOOR NORTH.
I hereby certify ar	nd swear under penalties of p	erjury that:		
1. the ren	ewed license will be of the s	same type for	the same pren	nises now licensed;
2. the lice	ensee has complied with all l	aws of the Co	ommonwealth	relating to taxes; and
3. the pre	emises are now open for busi	ness (If not e	xplain below)	
SIGNED BY	Individual, Partner or A	authorized Co	rporate Office	er
				042-49-9676
DATE:	TELEPHONE N	UMBER:	_	EMPLOYER IDENTIFICATION NUMBER: e: NOT Individual Social Security Number)
Acts of 2004, sig	ned by the building inspec	tor and the h	ead of the fir	te required by Chapter 304 of the re department for the above uired by Chapter 116 of the Acts
Please Check Be	elow:			
APPROVED:				L LICENSING AUTHORITY
DISAPPROVED:	·		By:	
(If disapproved ex	xplain)			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN ATTLEBORO

LICENSE NUMBER: 005000041		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR

LICENSEE NAME: LOMIK, INC.

DOING BUSINESS AS CITY SPIRITS

ADDRESS: 074-76 PARK ST

CITY/TOWN ATTLEBORO STATE: MA ZIP CODE: 02703

MANAGER: BELLEROSE, TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

**WAYNE** 

#### DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS, FIRST FLOOR OF A ONE STORY BLDG. CELLAR FOR STORAGE OF ALCOHOLIC BEVERAGES

I hereby certify and swear under penalties of perjury that:

- 1. the renewed license will be of the same type for the same premises now licensed;
- 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
- 3. the premises are now open for business (If not explain below)

SIGNED BY	Individual, Partner or Authorized Cor	porate Officer
DATE:	TELEPHONE NUMBER:	043-06-5329 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below APPROVED:  DISAPPROVED:  (If disapproved explain		LOCAL LICENSING AUTHORITY By:

DATE:



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUMBER OFFICE				
LICENSE NUMBER: 005000044				
APPLICATION FOR RENEWAL:	Annual	LICE	ENSED FOR 2013	
	CLASS		YEA	R
LICENSEE NAME: JOAN BRAN	ICO			
DOING BUSINESS AS JOE'S MAR	KET			
ADDRESS: 75 LINDEN STREET				
CITY/TOWN ATTLEBORO	STATE:	MA	ZIP CODE:	02703
MANAGER:	TYPE OF LICENSI	E: Package Store	CATEGORY:	Wine and Malt Regular
DESCRIPTION OF LICENSED PRE TWO ROOMS FIRST FLOOR OF A FOR STORAGE OF AB. CELLAR	ONE STORY BLDG		WHICH IS TO B	E USED
1. the renewed license will b 2. the licensee has complied 3. the premises are now open	e of the same type for with all laws of the C	ommonwealth relat		
SIGNED BY Individual, Par	tner or Authorized Co	orporate Officer		
DATE: TELEPH	HONE NUMBER:		203-97-8445 OYER IDENTIFICATI  T Individual Social Se	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LIC By:	ENSING AUTHO	RITY

DATE:



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUN	MBER: 005000046					
APPLICATION	N FOR RENEWAL:	Annual	LICE	LICENSED FOR 2013		
		CLASS		YEAR		
LICENSEE NA	ME: SAREBSU,INC.					
DOING BUSIN	JESS AS BRIGGS CORN	ER STORE				
ADDRESS: 15	503 PARK ST.					
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703		
MANAGER:	MARTIN, SHAWN TY S.	PE OF LICENS	E: Package Store	CATEGORY: All Alcohol		
1503 PARK ST CELLAR. FRO	N OF LICENSED PREMIS T. ONE STORY BRICK A ONT 58' DEPTH 50'. TWO VITH THE ADDITION	AND CINDER BI		REE ROOMS NO EXIT DOORS IN REAR,		
I hereby certify	and swear under penalties	of perjury that:				
1. the r	renewed license will be of	the same type for	the same premises	s now licensed;		
2. the l	icensee has complied with	all laws of the C	ommonwealth rela	ting to taxes; and		
3. the p	premises are now open for	business (If not e	explain below)			
SIGNED BY	Individual, Partner	or Authorized Co	orporate Officer			
DATE:	TELEPHON	E NUMBER:		205-89-4210  OYER IDENTIFICATION NUMBER:  OT Individual Social Security Number)		
Please Check APPROVED: DISAPPROVE			LOCAL LIG By:	CENSING AUTHORITY		

DATE:

(If disapproved explain)



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUM	MBER: 005000047			
APPLICATION	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: YANKEE SPI	RITS, INC.		
DOING BUSIN	NESS AS			
ADDRESS: 62	28 WASHINGTON S	TREET		
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	ROY, RAYMOND	TYPE OF LICENSE	E: Package Store	CATEGORY: All Alcohol
BRICK BUILD	N OF LICENSED PRI DING, WALK IN COO TO THE RIGHT OF I	OLERS IN THE REAL	R. ENTRENCE AN	ND EXITSM IN NTHE
I hereby certify	and swear under pena	alties of perjury that:		
•	•	e of the same type for	the same premises	now licensed;
		with all laws of the Co	•	
3. the p	premises are now oper	n for business (If not e	xplain below)	
SIGNED BY	Individual Da	rtner or Authorized Co	rnoreta Officer	
	marviduai, Fai	tiller of Authorized Co	Tporate Officer	
DATE:				042-47-3634
DATE.	TELEPH	HONE NUMBER:		OYER IDENTIFICATION NUMBER:
			(Note: <u>110</u>	T Individual Social Security Number)
Please Check	Dolove			
APPROVED:	Below.		LOCAL LIC	ENSING AUTHORITY
DISAPPROVE	ED:		By:	
(If disapproved				

DATE:



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN ATTLEBORO

EMPLOYER IDENTIFICATION NUMBER:

(Note: NOT Individual Social Security Number)

LICENSE NUMBER: 005000048							
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013					
	CLASS	YEAR					
LICENSEE NAME: ZIPS LIQUOR CHEST, INC.							
DOING BUSINESS AS							
ADDRESS: 195 PINE STREET							
CITY/TOWN ATTLEBORO	STATE: MA	ZIP CODE: 02703					
MANAGER: GEMME, EDWARD C.	TYPE OF LICENSE: Package	e Store CATEGORY: All Alcohol					
DESCRIPTION OF LICENSED PREMISES: FOUR ROOMS FIRST FLOOR OF A TWO STORY BLDG WITH CELLAR FOR STORAGE OF ALCOHOLIC BEVERAGES  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and							
3. the premises are now open	n for business (If not explain belo	ow)					
SIGNED BY Individual, Par	rtner or Authorized Corporate O						
		043-36-0059					

Please Check Below:

LOCAL LICENSING AUTHORITY APPROVED: By:

DISAPPROVED:

TELEPHONE NUMBER:

(If disapproved explain)

DATE:



DATE:

LICENSE NUMBER: 005000049

## The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

APPLICATION	N FOR RENEWAL:	Annual	LICEN	NSED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	ME: PHILMAR CO	ORPORATION			
DOING BUSIN	NESS AS CITY SPIR	ITS II			
ADDRESS: 75	5 PLEASANT STRE	ET			
CITY/TOWN	ATTLEBORO	STATE: M.	A	ZIP CODE: 02703	
MANAGER:	FOSTER, MICHAEL A.	TYPE OF LICENSE: P	Package Store	CATEGORY: All Alcohol	
-	N OF LICENSED PR S, FIRST FLOOR OF	EMISES: A ONE STORY BLDG			
1. the 1 2. the 1	icensee has complied	alties of perjury that: be of the same type for the with all laws of the Comr n for business (If not explain	monwealth relatii		
SIGNED BY	Individual, Pa	rtner or Authorized Corpo	orate Officer		
DATE:	TELEP	HONE NUMBER:		YER IDENTIFICATION NUMBER:  Individual Social Security Number)	
Please Check APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICE By:	ENSING AUTHORITY	



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUM	MBER: 005000052			
APPLICATION	N FOR RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: MCMAC SPII	RITS, INC.		
DOING BUSIN	NESS AS TWIN LIQ	UORS		
ADDRESS: 82	27 SOUTH MAIN ST	ΓREE		
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	MCINTYRE, PAMELA	TYPE OF LICENSI	E: Package Store	CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PR	EMISES:		
1. the 1 2. the 1	icensee has complied	alties of perjury that: be of the same type for with all laws of the C n for business (If not e	ommonwealth rela	
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Officer	
DATE:	TELEPI	HONE NUMBER:		014-40-3630 OYER IDENTIFICATION NUMBER: OT Individual Social Security Number)
Please Check APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LIG By:	CENSING AUTHORITY

DATE:



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## **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUI	MBER: 005000054			
APPLICATION	N FOR RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: CASTRO CO	OUNTY SQUARE INC	1	
DOING BUSIN	NESS AS			
ADDRESS: 4	12-41 THATCHER S	STR		
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	CASTRO, ANTHONY S.	TYPE OF LICENSI	E: Package Store	CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PR	REMISES:		
5RMS. IN BACTHACHER ST	CK FOR STORAGE CBEING REMOVED	I 1ST. FL.OF 1 STOR' . 1 RM.IN BACK OF 4 D, SINGLE CENTER I COUNTY ST. SIDE (	412 THACHER ST DOOR WILL BE C	
I hereby certify	and swear under per	nalties of perjury that:		
	-	be of the same type for	the same premises	now licensed;
2. the 1	licensee has complied	d with all laws of the C	ommonwealth relat	ing to taxes; and
3. the 1	premises are now ope	en for business (If not e	explain below)	
SIGNED BY	Ladiaidaal D	autusus au Austhauissad Ca	Officer	
	inaividuai, Pa	artner or Authorized Co	orporate Officer	
DATE:				042-90-2835
DATE:	TELEP	PHONE NUMBER:		OYER IDENTIFICATION NUMBER:
			(1101c. <u>110</u>	T Individual Social Security Number)
Please Check	Below:			
APPROVED:			LOCAL LIC	CENSING AUTHORITY

DATE:

DISAPPROVED: [\_\_\_\_]
(If disapproved explain)

By:



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUMBE	ER: 005000060				
APPLICATION FO	OR RENEWAL:	Annual	L	ICENSED FOR 2013	
		CLASS		YEA	.R
LICENSEE NAME	: DHIREN COR	PORATION			
DOING BUSINES	S AS DOGEVILL	E COUNTRY STOR	E		
ADDRESS: 408 S	OUTH MAIN ST	REET			
CITY/TOWN A	ATTLEBORO	STATE:	MA	ZIP CODE:	02703
MANAGER: PA	TEL, DHIREN	TYPE OF LICENSI	E: Package Sto	cATEGORY:	Wine and Malt Regular
ALUMINUM W/ S	NSTRUCTED W SALES OF BEER/ ITHE 2ND FLR. O	ILL BE A 1 1/2 STO WINE TO BE CONI	OUCTED ON 1	ONSISTING OF WOO ST FLR AND STORA ON 2ND BLDG. CON	AGE OF
<ol> <li>the rene</li> <li>the licer</li> </ol>	wed license will be usee has complied	lties of perjury that: e of the same type for with all laws of the Co n for business (If not e	ommonwealth r		
SIGNED BY	Individual, Par	tner or Authorized Co	orporate Officei	r	
DATE:	TELEPH	HONE NUMBER:		043-55-1763  MPLOYER IDENTIFICATI  : NOT Individual Social Se	
Please Check Bel	<u>ow:</u>		LOCAL	LICENSING AUTHO	ORITY

DATE:

DISAPPROVED: [ [ (If disapproved explain)

By:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005000068		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CEC ENTERTAIN	MENT, INC.	
DOING BUSINESS AS CHUCK E CHER	ESE	
ADDRESS: 287 WASHINGTON ST		
CITY/TOWN ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER: MARTEL, NICOLE TY	PE OF LICENSE: Res	category: Wine and Malt Regular
DESCRIPTION OF LICENSED PREMIS ONE STORY BLDG WITH SHOWROOF FRONT OF BLDG		CHEN. MAIN ENTRANCE AT
I hereby certify and swear under penalties  1. the renewed license will be of t  2. the licensee has complied with  3. the premises are now open for	the same type for the sa all laws of the Commo	onwealth relating to taxes; and
SIGNED BY		
Individual, Partner	or Authorized Corpora	te Officer
DATE: TELEPHONI	E NUMBER:	480-90-5805 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	pector and the head o	certificate required by Chapter 304 of the of the fire department for the above the required by Chapter 116 of the Acts
named license and $(2)$ the certificate of of 2010.	nquor nabinty insura	
of 2010.  Please Check Below:	nquoi nabinty nisura	
of 2010.	nquot naomty msura	LOCAL LICENSING AUTHORITY By:



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#### **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUM	MBER: 005000070		
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: GMRI, INC		
DOING BUSIN	JESS AS THE OLIVE	GARDEN ITALIAN RES	TALID ANT
		GARDEN ITALIAN KES	TAURANT
ADDRESS: 12	270 NEWPORT AVE		
CITY/TOWN	ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER:	WEI-HSU, MENG	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PRE	MISES:	
1 STORY BUL	LD. 10 DINING ROOM	IS, CAFE AREA, BAR, K	ITCHE N, AND STORAGE AREA.
			S/PARKIN WILL BE MODIFIED TO
			ATING COMPASITY 293.
• •	and swear under penal		
		* *	ame premises now licensed;
	_		onwealth relating to taxes; and
3. the 1	premises are now open	for business (If not explain	n below)
SIGNED BY			
5101(25 51	Individual, Part	ner or Authorized Corpora	te Officer
			591-21-9168
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	1222111	OT LET TONIBLIA	(Note: NOT Individual Social Security Number)
W- 41 J		! (1) 41	
			certificate required by Chapter 304 of the of the fire department for the above
			ance required by Chapter 116 of the Acts
of 2010.			
Please Check	Below:		LOCAL LIGENSING AUTHORITY
APPROVED:			LOCAL LICENSING AUTHORITY
DISAPPROVE			By:
(If disapproved	explain)		



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005000073					
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS	YEAR			
LICENSEE NAME: 99 WEST, INC					
DOING BUSINESS AS 99 RESTAU	JRANT-PUBS				
ADDRESS: 2 WASHINGTON ST					
CITY/TOWN ATTLEBORO	STATE: 1	MA ZIP CODE: 02703			
MANAGER: Tellier, Paul A.	TYPE OF LICENSE:	Restaurant CATEGORY: All Alcohol	1		
DESCRIPTION OF LICENSED PRE ONE STORY BLDG WITH FULL S RESTAURANT. TOTAL SEATING	ERVICE RESTAURA	NT AND BAR IN CENTER OF			
	e of the same type for the with all laws of the Cor	he same premises now licensed; mmonwealth relating to taxes; and plain below)			
SIGNED BY Individual, Par	tner or Authorized Corp	porate Officer			
DATE: TELEPH	IONE NUMBER:	042-58-0280  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHORITY By:			



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUN	MBER: 005000074				
APPLICATION	N FOR RENEWAL:	Annual	I	LICENSED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: RUBY TUESI	DAY, INC			
DOING BUSIN	NESS AS RUBY TUE	ESDAY			
ADDRESS: R	OUTE 1 & HIGHLA	ND AVE			
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 0	2703
MANAGER:	MARSCHATE, LOUIS	TYPE OF LICENSI	E: Restaurant	CATEGORY:	All Alcohol
DINING AREA	N OF LICENSED PRI AS, KITCHEN, OFFI AND TWO EXITS	EMISES: CE AND STORAGE,	BAR, RECEF	PTION AREA. ONE	
1. the 1 2. the 1	licensee has complied	alties of perjury that: be of the same type for with all laws of the C n for business (If not e	ommonwealth	relating to taxes; and	
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Office	er	
DATE:		HONE NUMBER:	I	630-47-5239 EMPLOYER IDENTIFICATIO te: NOT Individual Social Secu	
Acts of 2004, s	signed by the buildin	ng inspector and the l	head of the fir	te required by Chapter re department for the al uired by Chapter 116 o	oove
Please Check APPROVED: DISAPPROVE			LOCAI By:	L LICENSING AUTHOR	RITY
(If disapproved	explain)				



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#### **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUN	MBER: 005000078		
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: J&D PIZZA, INC.		
DOING BUSIN	NESS AS BRIGGS CORNE	R CAFE	
ADDRESS: 1	123 OAK HILL AVENUE		
CITY/TOWN	ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER:	NICOLOS, JANET TYP GIBBS	E OF LICENSE: Rest	aurant CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PREMISE	ES:	
1. the 12. the 13.	rand swear under penalties of renewed license will be of the licensee has complied with a premises are now open for b	e same type for the sar ll laws of the Common	wealth relating to taxes; and
SIGNED BY	Individual, Partner o	r Authorized Corporate	e Officer
DATE:	TELEPHONE	NUMBER:	042-80-4316 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building insp	ector and the head of	ertificate required by Chapter 304 of the the fire department for the above ace required by Chapter 116 of the Acts
Please Check APPROVED: DISAPPROVE (If disapproved)	ED:		LOCAL LICENSING AUTHORITY By:



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN ATTLEBORO

LICENSE NUMBER: 005	000082					
APPLICATION FOR REN	NEWAL:	Annual		LICENSE	ED FOR 2013	
		CLASS			YEA	R
LICENSEE NAME: HAS	SMUKH PATEL					
DOING BUSINESS AS N	AP'S PACKAGE STO	ORE				
ADDRESS: 267 PARK S	TREET					
CITY/TOWN ATTLE	BORO	STATE:	MA		ZIP CODE: (	02703
MANAGER:	TYPE OF	LICENSI	E: Package S	Store (	CATEGORY:	Wine and Malt Regular
2. the licensee has	WITH CELLAR, FRO ON FIRST FLOOR V	jury that: ne type for vs of the Co	the same proommonweal	D TWO Co	OOLERS IN T	
	one we open for ousine.	os (II not e	Apium cerev	,		
SIGNED BY	vidual, Partner or Autl	horized Co	orporate Offi	icer		
DATE:	TELEPHONE NUM	⁄IBER:	(N	EMPLOYE	1-18-0536  R IDENTIFICATION of the control of the c	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCA By:	AL LICENS	SING AUTHO	PRITY

DATE:



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER:	005000083			
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	LOCUST VAI	LLEY MANAGEME	NT CORP	
DOING BUSINESS A	S LOCUST V	ALLEY COUNTRY	CLUB	
ADDRESS: 106 LOC				
TIBBITESS. TOO LOC	000101			
CITY/TOWN ATT	TLEBORO	STATE:	MA	ZIP CODE: 02703
	ERSON, HUR G. JR.	TYPE OF LICENS	E: Restaurant	CATEGORY: All Alcohol
	CUCTURE WI	TH COVERED EXT		H. SEVERAL ENTRANCES HE NINE HOLE GOLF
I hereby certify and sw	ear under pena	alties of perjury that:		
1. the renewed	l license will b	e of the same type for	the same prem	ises now licensed;
2. the licensee	has complied	with all laws of the C	ommonwealth 1	relating to taxes; and
3. the premise	s are now oper	n for business (If not e	explain below)	
SIGNED BY				
	Individual, Pai	rtner or Authorized Co	orporate Office	r
DATE:	TELEPI	HONE NUMBER:		043-30-7113  MPLOYER IDENTIFICATION NUMBER:  : NOT Individual Social Security Number)
Acts of 2004, signed	by the buildin	g inspector and the l	head of the fire	e required by Chapter 304 of the e department for the above nired by Chapter 116 of the Acts
Please Check Below:	<u>-</u>		LOCAL	I IOENGING AUTHODITY
APPROVED:	¬		By:	LICENSING AUTHORITY
DISAPPROVED:	_ 1)		ъy.	



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUN	MBER: 005000085			
APPLICATION	N FOR RENEWAL:	Annual	L	ICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: HEARTH'N K	KETTLE OF ATTLEB	ORO, INC.	
DOING BUSIN	NESS AS HEARTH'N	N KETTLE RESTAUR	ANT	
ADDRESS: W	ASHINGTON STRI	EET		
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	CATANIA, WILLIAM V.	TYPE OF LICENSI	E: Restaurant	CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PR	EMISES:		
1. the 1 2. the l	licensee has complied	alties of perjury that:  De of the same type for  With all laws of the Confor business (If not e	ommonwealth i	
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Office	r
				043-47-1200
DATE:	TELEP	HONE NUMBER:		MPLOYER IDENTIFICATION NUMBER:  : NOT Individual Social Security Number)
Acts of 2004, s named license of 2010.	signed by the building and (2) the certification	ng inspector and the l	nead of the fire	e required by Chapter 304 of the e department for the above nired by Chapter 116 of the Acts
Please Check APPROVED:	Below:		LOCAL	LICENSING AUTHORITY
DISAPPROVED.	ED:		By:	-
(If disapproved	explain)			



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUM	MBER: 005000088					
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013		
		CLASS		YEAR		
I ICENICEE NIA	ME. HACCANEN			1 L/ 110		
LICENSEE NA	ME: HASSAN EN	HERPRISES, INC				
DOING BUSIN	NESS AS PATRIOT	LIQUORMART				
ADDRESS: 18	85 PLEASANT STR	FFT				
TIDDICESS. TO	93 1 221 131 11 (1 1 1 1 1 1					
CITY/TOWN	ATTLEBORO	STATE: M	A	ZIP CODE: 02703		
MANAGER:	CHRISTMAS,	TYPE OF LICENSE: I	Package Store	CATEGORY: All Alcohol		
	HASSAN R					
DESCRIPTION OF LICENSED PREMISES:						
		TORY CONTAINING 1,4	440 SO FT OF	FLOOR SPACE		
		E ON PLEASANT STREE				
BEVERAGES	WILL BE INSIDE T	THE STORE IN COOLER	S AND CASES.			
				<del></del>		
•	•	nalties of perjury that:				
		be of the same type for the	_			
2. the 1	icensee has complied	d with all laws of the Com	monwealth relating	g to taxes; and		
3. the p	premises are now ope	en for business (If not expl	ain below)			
SIGNED BY	Individual De	outnon on Authorized Come	omata Officam			
	maividuai, Pa	artner or Authorized Corpo	rate Officer			
			56	62-35-3359		
DATE:	TELEP	PHONE NUMBER:	EMPLOY	TER IDENTIFICATION NUMBER:		
			(Note: NOT	Individual Social Security Number)		
Please Check	Below:					
APPROVED:	DOTOW.		LOCAL LICE	NSING AUTHORITY		
DISAPPROVE	D		By:			
(If disapproved			- -			
(== alsappio.ea	r'/					



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: (	005000090				
APPLICATION FOR I	RENEWAL:	Annual	I	LICENSED FOR 2013	
		CLASS		YEA	R
LICENSEE NAME:	FEI AND LING RES	TAURANT, IN	C		
DOING BUSINESS A	S HONG KONG TR	EASURES			
ADDRESS: 28 COUN	NTY ST				
CITY/TOWN ATT	LEBORO	STATE:	MA	ZIP CODE:	02703
MANAGER: YUAN	I, XIAOLING TYPI	E OF LICENSE	: Restaurant	CATEGORY:	Wine and Malt Regular
DESCRIPTION OF LI	CENSED PREMISE	S:			
	TY ROOM, SUSHI A	AREA AND KI		CONSISTING OF DIN E ENTRANCE AT FR	
I hereby certify and sw	ear under penalties of	perjury that:			
1. the renewed	license will be of the	e same type for t	he same pren	nises now licensed;	
	-			relating to taxes; and	
3. the premise:	s are now open for bu	siness (If not ex	plain below)		
SIGNED BY					
	ndividual, Partner or	Authorized Cor	porate Office	er	
				043-53-1754	
DATE:	TELEPHONE I	NUMBER:	E	EMPLOYER IDENTIFICATI	ON NUMBER:
			(Note	e: NOT Individual Social Se	curity Number)
Acts of 2004, signed l	y the building inspe	ector and the h	ead of the fir	te required by Chapte e department for the a uired by Chapter 116	above
Please Check Below:			LOCAL	LICENCING AUTUO	DITV
APPROVED:	1		By:	LICENSING AUTHO	KIII
DISAPPROVED:	)		Dy.		
(11 disappiored explain	9				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN ATTLEBORO

LICENSE NUMBER: 005000091		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: VAN MY THI	DAO	
DOING BUSINESS AS NORM'S EN	MPORIUM	
ADDRESS: 9 PARK ST		
CITY/TOWN ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER:	TYPE OF LICENSE: Pac	ckage Store CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PRE 2 STORY BLDG APPROX 2400 SQ FRONT OF BLDG, REAR EXIT FO	FT PLUS FULL BASEME	ENT FOR STORAGE. ENTRANCE IN
1. the renewed license will b 2. the licensee has complied 3. the premises are now oper	e of the same type for the sa with all laws of the Commo	onwealth relating to taxes; and
SIGNED BY		
Individual, Par	tner or Authorized Corpora	te Officer
DATE: TELEPH	HONE NUMBER:	026-62-5293 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHORITY By:

DATE:



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN ATTLEBORO

LICENSE NUM	MBER: 005000092			
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013	3
		CLASS	YEA	AR
LICENSEE NA	AME: A.J. SEABRA	SUPERMARKETS IX, II	NC.	
DOING BUSIN	NESS AS			
ADDRESS: 2	17-19 SOUTH MAIN	I ST		
CITY/TOWN	ATTLEBORO	STATE: MA	ZIP CODE:	02703
MANAGER:	VEZINA, ALAN JOSEPH	TYPE OF LICENSE: Pa	ackage Store CATEGORY	: Wine and Malt Regular
ONE STORY I STORAGE AR LOADING PL I hereby certify 1. the I 2. the I	ATFORM.  and swear under penarenewed license will belicensee has complied	T 217-219 SO. MAIN ST.  AT AT FRONT OF STOR  alties of perjury that: be of the same type for the	STOCK TO BE PLACED IN L E,STOCK ENTRANCE AT RE same premises now licensed; nonwealth relating to taxes; and in below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corpor	rate Officer	
DATE:	TELEPI	HONE NUMBER:	421-59-9746 EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Please Check APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTHORS	ORITY



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUN	MBER: 005000093			
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEAR	
LICENSEE NA	ME: RAYMOND F. CO	NNORS,JR.		
DOING BUSIN	NESS AS JR'S BAR & GR	ILL		
ADDRESS: 14	47 PINE STREET			
CITY/TOWN	ATTLEBORO	STATE: MA	ZIP CODE: 02703	
MANAGER:	CONNORS,RAYMO TY ND F. JR.	PE OF LICENSE: Res	ctaurant CATEGORY: All Alcoh	ıol
DESCRIPTION	N OF LICENSED PREMIS	ES:		
			_ 	
I hereby certify	and swear under penalties	of perjury that:		
1. the r	renewed license will be of t	he same type for the sa	me premises now licensed;	
	=		nwealth relating to taxes; and	
3. the p	premises are now open for	business (If not explain	. below)	
CICNED DV				
SIGNED BY	Individual, Partner	or Authorized Corporat	te Officer	
D 4 575			035-38-6933	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER	
			(Note: NOT Individual Social Security Number	er)
			ertificate required by Chapter 304 of th	1e
			f the fire department for the above nce required by Chapter 116 of the Act	s
Please Check	Below.			
APPROVED:			LOCAL LICENSING AUTHORITY	
DISAPPROVE	D:		By:	
(If disapproved	explain)			



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#### **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUN	MBER: 005000095		
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: ZOTICO VAS	QUEZ	
DOING BUSIN	NESS AS EL AZTECA	A RESTAURANT	
ADDRESS: 7	173 PLEASANT ST	REET	
CITY/TOWN	ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER:	VASQUEZ, ZOTICO	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PRE	EMISES:	
1. the 12. the 1	licensee has complied	of the same type for the same with all laws of the Common for business (If not explain by	wealth relating to taxes; and
SIGNED BY			
	Individual, Par	tner or Authorized Corporate	Officer
DATE:	TELEPF	HONE NUMBER:	037-50-4057 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the head of	rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts
Please Check APPROVED: DISAPPROVE (If disapproved)	ED:		OCAL LICENSING AUTHORITY By:



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUMBER: 005000098		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: YEHYA ELKA	MATIB	
DOING BUSINESS AS BORDER BI	ETS & BUTTS	
ADDRESS: 661 WASHINGTON ST	٢	
CITY/TOWN ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER:	TYPE OF LICENSE: Pack	cage Store CATEGORY: Wine and Malt Regular
DESCRIPTION OF LICENSED PRE ONE STORY BLDG WITH THREE AT THE REAR OF STORE		COOLER AND STORAGE IN ROOM
1. the renewed license will be 2. the licensee has complied v 3. the premises are now open	e of the same type for the same with all laws of the Common	nwealth relating to taxes; and
SIGNED BY Individual, Part	ner or Authorized Corporate	e Officer
		043-31-2908
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHORITY By:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUMBER:	005000100			
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SHANGHAI RESTAURA	ANT ASSC	OCIATES, L	LC
DOING BUSINESS A	S SHANGHAI GARDEN	IS RESTA	URANT	
ADDRESS: 901 WAS	SHINGTON STREET			
CITY/TOWN ATT	TLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER: MUI,	DEREK M. TYPE OF	FLICENSI	E: Restauran	t CATEGORY: All Alcohol
DESCRIPTION OF L	ICENSED PREMISES:			
2. the licensee	d license will be of the sand has complied with all law are now open for busine	vs of the Co	ommonwealt	h relating to taxes; and
SIGNED BY	Individual, Partner or Aut	horized Co	orporate Offi	cer
DATE:	TELEPHONE NUM	MBER:	(N	200-59-7220 EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number)
Acts of 2004, signed	by the building inspector	r and the h	nead of the f	rate required by Chapter 304 of the lire department for the above quired by Chapter 116 of the Acts
Please Check Below:	<u>-</u>		1.004	LI LICENGING ALITHODITY
APPROVED:			By:	AL LICENSING AUTHORITY
DISAPPROVED: (If disapproved explain			Dy.	
(11 disapproved explain	-,			



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005000102		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: FONG GARDEN I	INC.	
DOING BUSINESS AS SINGAPORE R	ESTAURANT	
ADDRESS: 111 PLEASANT STREET		
CITY/TOWN ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER: SOONG, DANIEL TY	PE OF LICENSE: Res	staurant CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PREMISAPPROX. 3400 S/F W/ MAIN DINING DINING/BAR AREA AT FRONT OF BIENTRANCE/EXIT AT FRONT; KITCH LIQUOR STORE IN BAR AREA & STOIL I the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	AREA WITH BUFFET LDG. RESTROOMS A IEN & FOOD PREP AFORAGE RM. BEHIND is of perjury that: the same type for the same all laws of the Common	T REAR OF BLDG. ONE REA TO RIGHT REAR OF BLDG. BAR.  The premises now licensed; In the premises now licensed; In the premise of the premise o
SIGNED BY Individual, Partner	or Authorized Corpora	te Officer
DATE:	IE NUMBER:	202-94-1850  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	spector and the head o	certificate required by Chapter 304 of the of the fire department for the above cance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005000103			
APPLICATION FOR RENEWAL:	Annual	LIC	CENSED FOR 2013
	CLASS		YEAR
LICENSEE NAME: UR OF ATTLE	BORO MA,LLC		
DOING BUSINESS AS UNO CHICA	GO GRILL		
ADDRESS: 221 WASHINGTON ST	•		
CITY/TOWN ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER: BRENNAN, STEPHEN P.	TYPE OF LICENSE:	Restaurant	CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PREI bldg consists of approx 6997 sq ft con and public restroom. Patio that will sec cooler  I hereby certify and swear under penal- 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open	taining a dining room, at an additional 38 per ties of perjury that: of the same type for the with all laws of the Con	rsons. Ab will be the same premise mmonwealth re	e stored in a locked hot/cold es now licensed;
SIGNED BY			
	ner or Authorized Cor	porate Officer	
DATE: TELEPHO	ONE NUMBER:		841-65-1439 PLOYER IDENTIFICATION NUMBER: NOT Individual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the he	ead of the fire o	department for the above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL L By:	ICENSING AUTHORITY



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN ATTLEBORO

			CITT OR TO	,,,,,	
LICENSE NUMBER	: 005000104				
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 2013	
		CLASS		YEA	.R
LICENSEE NAME:	COZY ONE, I	NCORPORATED			
DOING BUSINESS .	AS COZY MIN	II MART			
ADDRESS: 1 NOR					
CITY/TOWN AT	TLEBORO	STATE:	MA	ZIP CODE:	02703
MANAGER: PAT	EL,PINA	TYPE OF LICENSE	: Package Store	CATEGORY:	Wine and Malt Regular
WALK-IN COOLER LAUNDRY IN SAM I hereby certify and so 1. the renewed 2. the license	CORY BLDG. Co.; GROCERY PE BLDG. THU wear under penaled license will be the has complied	ONE FIRE EXIT AT RI ORTION OF STORE V S SEPARATING GRO	WILL BE MOVIN OCERY AISLES F the same premises mmonwealth relati	IG INTO VACAN R. BEER/WINE A now licensed;	T
SIGNED BY	Individual, Par	rtner or Authorized Cor	porate Officer		
DATE:	TELEPI	HONE NUMBER:		001-02-8730 OYER IDENTIFICATI  T Individual Social Se	
Please Check Below APPROVED:			LOCAL LIC By:	ENSING AUTHO	DRITY

DATE:

DISAPPROVED: [If disapproved explain]

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUN	MBER: 005000105				
APPLICATION	N FOR RENEWAL:	Annual	L	ICENSED FOR 2013	
		CLASS		YEA	R
LICENSEE NA	AME: BABA KIRIL	OS, INC.			
DOING BUSIN	NESS AS ELI'S				
ADDRESS: 99	9 COUNTY STREET	Γ			
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE:	02703
MANAGER:	MOAWDE, NASHAT	TYPE OF LICENSI	E: Restaurant	CATEGORY:	Wine and Malt Regular
1 STORY BLD , 1 FRONT EN	T. FOR CUSTOMER EES/ EMERGENCY	CEMENT HAVING	FOR DELIVE	OOM, KITCHEN 2 BA RIES. 1 REAR ENTRA COOLER FOR STORA	ANCE
I hereby certify	and swear under pen	alties of perjury that:			
1. the 1	renewed license will b	be of the same type for	the same prem	ises now licensed;	
2. the 1	licensee has complied	with all laws of the C	ommonwealth	relating to taxes; and	
3. the p	premises are now ope	n for business (If not e	explain below)		
SIGNED BY					
	Individual, Pa	rtner or Authorized Co	orporate Office	r	
				262-52-0703	
DATE:	TELEP	HONE NUMBER:		MPLOYER IDENTIFICATI	
			(Note	: NOT Individual Social Se	curity Number)
Acts of 2004, s	signed by the buildir	ng inspector and the l	nead of the fire	e required by Chapte e department for the a nired by Chapter 116	above
Please Check	Below:		LOCAL	LICENCING AUTHO	DITV
APPROVED:			By:	LICENSING AUTHO	KII I
DISAPPROVE (If disapproved			Dy.		
(II disapproved	enpium)				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN ATTLEBORO

LICENSE NUM	MBER: 005000106				
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 2013	
		CLASS		YEA	R
LICENSEE NA	ME: ATTLEBORO	CONVENIENCE IN	IC.		
DOING BUSIN	JESS AS				
ADDRESS: 85	50 WASHINGTON ST	TREET			
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE:	02703
MANAGER:	BHATTACJERYA, SHYAMAL KUMAR	TYPE OF LICENS!	E: Package Store	CATEGORY:	Wine and Malt Regular
ONE STORY I	OF LICENSED PREBUILDING WITH 3 STOTHE LEFT AND R	ETS OF DOORS,ON			
I hereby certify	and swear under penal	ties of perjury that:			
	enewed license will be	• •	•		
	icensee has complied v			ing to taxes; and	
3. the p	premises are now open	for business (If not e	explain below)		

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

Please Check Below:
APPROVED:

DISAPPROVED:

By:

DATE:

(If disapproved explain)

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUM	MBER: 005000107		
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	ME: MO-WASH L	LC	
DOING BUSIN	JESS AS		
ADDRESS: 10	00 WASHINGTON S	STREET	
CITY/TOWN	ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER:	ELDER, TERRANCE	TYPE OF LICENSE: Pac	kage Store CATEGORY: Wine and Malt Regular
DESCRIPTION	OF LICENSED PR	EMISES:	
CURRENTLY FONT OF BLD	UNDER CONSTRU OG. WINE/MALT BI	CTION. 4500 SQ.FT. WITH EVERAGES WILL BE STO	NVENIENCE STORE. BLDG IS HONE ENTRANCE/EXIT AT THE RED IN 30'X12' COOLER LOCATED ROOM DIRECTLY BEHIND THE
I hereby certify	and swear under pen	alties of perjury that:	
1. the r	enewed license will b	be of the same type for the sa	me premises now licensed;
2. the 1	icensee has complied	with all laws of the Commo	nwealth relating to taxes; and
3. the p	oremises are now ope	n for business (If not explain	below)
SIGNED BY	Individual, Pa	rtner or Authorized Corpora	te Officer
DATE:	TELEP	HONE NUMBER:	203-66-9111  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check APPROVED: DISAPPROVE			LOCAL LICENSING AUTHORITY By:

DATE:

(If disapproved explain)



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUM	MBER: 005000108			
APPLICATION	FOR RENEWAL:	Annual	L	JICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: THE FRESH C	CATCH IV,INC		
DOING BUSIN	JESS AS			
ADDRESS: 88	3 UNION STREET			
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	SARRO,WILLIAN	TYPE OF LICENSI	E: Restaurant	CATEGORY: All Alcohol
ONE STORY (	OF LICENSED PRE ONE FLOOR WITH ME NORTH SIDEE OF	NO CELLAR,KITCH		ITS AND A FULL LENTH
1. the r 2. the l	and swear under pena enewed license will be icensee has complied oremises are now open	e of the same type for with all laws of the Co	ommonwealth i	
SIGNED BY	Individual, Par	tner or Authorized Co	orporate Office	r
DATE:	TELEPH	IONE NUMBER:		260-90-6959  MPLOYER IDENTIFICATION NUMBER:  : NOT Individual Social Security Number)
Acts of 2004, s	signed by the building	g inspector and the l	nead of the fire	e required by Chapter 304 of the e department for the above nired by Chapter 116 of the Acts
Please Check APPROVED: DISAPPROVE (If disapproved	D:		LOCAL By:	LICENSING AUTHORITY



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUI	MBER: 005000109				
APPLICATIO1	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS	YEAR		
LICENSEE NA	AME: NNMV,INC				
DOING BUSI	NESS AS				
ADDRESS: 5	95 WASHINGTON STREE	ET			
			TID CODE 100500		
CITY/TOWN	ATTLEBORO	STATE: MA	ZIP CODE: 02703		
MANAGER:	NIKOLAOS,NICOL TYPOS	PE OF LICENSE: Res	ctaurant CATEGORY: All Alcohol		
ONE STORY	N OF LICENSED PREMIS: BLDG.APPROX. 3500 sf. Statrances and exits. Ab stored	Seating capacity inside	76 and seasonal outside on patio 24.		
I hereby certify	and swear under penalties	of perjury that:			
1. the	renewed license will be of the	he same type for the sa	me premises now licensed;		
2. the	licensee has complied with	all laws of the Commo	nwealth relating to taxes; and		
3. the	premises are now open for b	ousiness (If not explain	below)		
SIGNED BY	Individual Partner	or Authorized Corpora	ta Officer		
	marviduai, i armei e	or Authorized Corpora			
DATE:	TEL EDITOR		205-69-9068  EMPLOYER IDENTIFICATION NUMBER:		
	TELEPHONE	E NUMBER:	(Note: NOT Individual Social Security Number)		
Acts of 2004,	signed by the building insp	pector and the head o	certificate required by Chapter 304 of the of the fire department for the above nce required by Chapter 116 of the Acts		
Please Check			LOCAL LIGENGING AUTHORITY		
APPROVED:			LOCAL LICENSING AUTHORITY By:		
DISAPPROVE (If disapproved			Dy.		
(11 αιδαρρισνέο	i capiaiii <i>j</i>				



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUM	MBER: 005000110				
APPLICATION	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013	
		CLASS		YEA	R
LICENSEE NA	AME: GREAT ARR	IVALS.COM			
DOING BUSIN	NESS AS GREAT AI	RRIVALS GIFT BASE	KETS		
ADDRESS: 7	0 B FRANK MOSSB	ERG DRIVE			
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE:	02703
MANAGER:	SILVEIRA, THERESA	TYPE OF LICENSI	E: Package Store	CATEGORY:	Wine and Malt Regular
10000 SQ. FT. CONTAINS 50	000 SQ. FTFRON	EMISES: IDED AND SHARED FENTRANCE, BACK ER SIDE OF BLDG. A	, AND SIDE ENT	RANCE/EXIT AN	ID TWO
<ol> <li>the</li> <li>the</li> </ol>	licensee has complied	alties of perjury that: be of the same type for I with all laws of the Confor business (If not e	ommonwealth relat		
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	HONE NUMBER:		043-48-8943 OYER IDENTIFICATI  T Individual Social Se	
Please Check APPROVED:	Below:		LOCAL LIC	ENSING AUTHO	RITY

DATE:

DISAPPROVED: [ [ ] (If disapproved explain)

By:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005000111		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
THE EIGHT ON THE TELL	CLASS	YEAR
LICENSEE NAME: PIN MANIVO	ONG	
DOING BUSINESS AS CALA CAF	rÉ	
ADDRESS: 80 O'NEIL BOULEVA	ARD	
CITY/TOWN ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER: MANIVONG, PAN	TYPE OF LICENSE: Res	category: All Alcohol
DESCRIPTION OF LICENSED PRI BULDING IS A ONE STORY BUII AKITCHEN, PREP AREA, BAR TA ON O'NEIL BOULEVARD SIDE O	LDING CONTAINING APP ABLE AND STORAGE AR	PROXIMATELY 1200 SQ FT WITH EAENTRANCE/EXIT WILL BE
1. the renewed license will b 2. the licensee has complied 3. the premises are now open	be of the same type for the same with all laws of the Commo	nwealth relating to taxes; and
SIGNED BY Individual, Par	rtner or Authorized Corpora	te Officer
DATE: TELEPI	HONE NUMBER:	037-50-3573  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	g inspector and the head o	certificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHORITY By:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUN	MBER: 005000112			
APPLICATION	N FOR RENEWAL:	Annual	L	ICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: STEWIE,INC.			
DOING BUSIN	NESS AS SCORPIO'S ITA	LIAN EATERY A	AND PIAAER	IA
ADDRESS: 5	5 PARK STREET			
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	CONSTANTINI,ELI TY SABETTA	PE OF LICENSE	: Restaurant	CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PREMIS	SES:		
TWO STORIE	S WITH BRICK AND GL R,LOUNGE AND HOSTE	ASS WITH A FU		
I hereby certify	and swear under penalties	of perjury that:		
1. the 1	renewed license will be of	the same type for t	the same premi	ses now licensed;
2. the l	licensee has complied with	all laws of the Co	mmonwealth r	elating to taxes; and
3. the 1	premises are now open for	business (If not ex	xplain below)	
SIGNED BY				
	Individual, Partner	or Authorized Cor	rporate Officer	
D . TT				001-00-6319
DATE:	TELEPHON	E NUMBER:		MPLOYER IDENTIFICATION NUMBER:
			(Note:	<b>NOT</b> Individual Social Security Number)
Acts of 2004, s	signed by the building ins	pector and the h	ead of the fire	e required by Chapter 304 of the department for the above ired by Chapter 116 of the Acts
Please Check	Below:		LOCAL	LICENCING AUTHORITY
APPROVED:			By:	LICENSING AUTHORITY
DISAPPROVE	<del></del>		Dy.	
(If disapproved	expiaiii)			



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUMBER: 005000113		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: JILLAMBER		
DOING BUSINESS AS PAPAGALLO	) RESTAURANTE'	
ADDRESS: 87 PLEASANT STREET		
CITY/TOWN ATTLEBORO	STATE: M	A ZIP CODE: 02703
MANAGER: AMAYA, EVER	TYPE OF LICENSE: F	Restaurant CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PREMAPPROX. 3,060 SQ. FT. ON FIRST FENTRANCE. THERE WILL BE A BASEATING CAPACITY WILL BE 70.  I hereby certify and swear under penalt  1. the renewed license will be 2. the licensee has complied w 3. the premises are now open for	FLOOR WITH A FROM AR, BOOTHS FOR EA ries of perjury that: of the same type for the rith all laws of the Committee of the Comm	TING AND A BAKERY AREA.  same premises now licensed; monwealth relating to taxes; and
SIGNED BY Individual, Partr	ner or Authorized Corpo	orate Officer
DATE: TELEPHO	ONE NUMBER:	272-34-0662 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHORITY By:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMI	BER: 005000114		
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NAN	Æ: BAI THAI IN	C.	
DOING BUSINE	ESS AS SAKURA		
ADDRESS: 809	WASHINGTON S	STREET	
CITY/TOWN	ATTLEBORO	STATE: MA	ZIP CODE: 02703
MANAGER: ]	BI LI LIU	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
LOCATED OFF CURRENTLY U TABLES AND A FLOORING,CEI I hereby certify a 1. the red 2. the lice	ROUTE 1 WITH A INDERGOING REAL A SUSHI BAR. DIN LING, LIGHTING and swear under pennewed license will be bensee has complied	ABOUT 40 PARKING SPACE MODELING AND WILL HAVE I AND WALL.  alties of perjury that:  be of the same type for the sa	me premises now licensed; nwealth relating to taxes; and
SIGNED BY	Individual, Pa	rtner or Authorized Corporat	re Officer
DATE:	TELEP	HONE NUMBER:	273-78-3993  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, sig	gned by the buildir	ng inspector and the head o	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check B	elow:		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVED (If disapproved e			•



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#### **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENCE NUMBER, 007000116					
LICENSE NUMBER: 005000116					
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013					
CLASS YEAR					
LICENSEE NAME: SILVA ENTERPRISES LLC					
DOING BUSINESS AS SANGRIAS					
ADDRESS: 59 PARK STREET					
CITY/TOWN ATTLEBORO STATE: MA ZIP CODE: 02703					
MANAGER: SILVA JR., ARTUR TYPE OF LICENSE: Restaurant J. CATEGORY: All Alc	ohol				
DESCRIPTION OF LICENSED PREMISES:					
HAS THREE EXITS; ONE IN THE FRONT; ONE OFF THE KITCHEN; AND ONE OTHER IN THE BACK DINING ROOMBLDGCONTAINS 2040 SQ FT AND HAS AN OPEN FLOOR PLAN AND BAR AREAALCOHOL WILL BE STORED IN A COOLER IN THE BASEMENT STORAGE ROOM					
I hereby certify and swear under penalties of perjury that:					
1. the renewed license will be of the same type for the same premises now licensed;					
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and					
3. the premises are now open for business (If not explain below)					
SIGNED BY Individual, Partner or Authorized Corporate Officer					
262.84.2260					
DATE: 263-84-3269  TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:	BER:				
(Note: NOT Individual Social Security Nur					
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010.					
Please Check Below:					
APPROVED: LOCAL LICENSING AUTHORITY  DISAPPROVED: By:					
DISAPPROVED: By: (If disapproved explain)					

#### DATF.



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#### **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUI	MBER: 005000117				
APPLICATION	N FOR RENEWAL:	Annual	LIC	CENSED FOR 2013	
		CLASS		YEA	.R
LICENSEE NA	AME: MILLER'S RO	OAST BEEF II, INC.			
DOING BUSIN	NESS AS				
	34 NEWPORT AVE	NUE			
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE:	02703
MANAGER:	GRAHAM, GWENDOLYN	TYPE OF LICENS	E: Restaurant	CATEGORY:	Wine and Malt Regular
BLDG IS ONE CUSTOMERS		XITS. THERE IS A FE			AND
I hereby certify	and swear under pen	alties of perjury that:			
1. the	renewed license will l	be of the same type for	the same premise	es now licensed;	
2. the	licensee has complied	l with all laws of the C	ommonwealth rel	ating to taxes; and	
3. the	premises are now ope	en for business (If not e	explain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	HONE NUMBER:		273-24-4292 PLOYER IDENTIFICATE  SOT Individual Social So	
Acts of 2004,	signed by the building	re are in possession (1 ng inspector and the l ate of liquor liability i	nead of the fire d	lepartment for the	above
Please Check	Below:		IOCALL	ICENICINIC ATTUIT	DITV
APPROVED:			By:	ICENSING AUTHO	JKII I
DISAPPROVE (If disapproved			Dy.		
(11 disapproved	i capiani <i>j</i>				



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN ATTLEBORO

LICENSE NUN	MBER: 005000118			
APPLICATION	N FOR RENEWAL:	Annual	LIC	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: PATTERSON	CREATIONS		
DOING BUSIN	IESS AS			
ADDRESS: 52	2 UNION STREET			
CITY/TOWN	ATTLEBORO	STATE:	MA	ZIP CODE: 02703
MANAGER:	BLACKER, TAYLOR V.	TYPE OF LICENSI	E: General on premise	CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PREMISES:  BLDG. CONSISTS OF ONE FLOOR WITH 2,786 SQ.FT. FRONT AND BACK, AREA COVERED BY THE LICENSE WILL BE CAFÉ AREA IN COMBINATION WITH ART GALLERY & CUSTOM PICTURE FRAMING TOTAL SQ.FT. IN THIS ROOM IS 1,474. IN AREA OF THE STOVE WILL BE A FRAM SHOP AND RECORDING ESTABLISHMENT ALONG WITH TWO BATHROOMS AND OFFICES AND FIVE EXHIBIT BAYS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)				
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Officer	
				272-76-857
DATE:	TELEPH	HONE NUMBER:		LOYER IDENTIFICATION NUMBER:  OT Individual Social Security Number)
Acts of 2004, s	signed by the buildin	g inspector and the l	nead of the fire d	equired by Chapter 304 of the epartment for the above ed by Chapter 116 of the Acts
Please Check	Below:		LOCALII	CENCING AUTHODITY
APPROVED:			By:	CENSING AUTHORITY
DISAPPROVE (If disapproved			- J·	



# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN ATTLEBORO

APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013

CLASS YEAR

LICENSEE NAME: CASSEYS LLC

DOING BUSINESS AS CASSEYS

ADDRESS: 220 O'NEIL BOULEVARD

CITY/TOWN ATTLEBORO STATE: MA ZIP CODE: 02703

MANAGER: LAMOTHE, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

CASSEY L.

#### **DESCRIPTION OF LICENSED PREMISES:**

ONE STORE BLDG. WITH 2 REAR EXITS, AN EXIT ON EACH SIDE OF THE BLDG., AND A DOUBLE DOOR FRONT ENTRANCE. BUILDING IS ALSO EQUIPPED WITH A FIRE SPRINKLER SYSTEM AND AN ANSUL SYSTEM. TO THE REAR OF THE BLDG. THERE IS SMOKING PATIO FOR EATING AND DRINKING WHICH IS FENCED IN

I hereby certify and swear under penalties of perjury that:

- 1. the renewed license will be of the same type for the same premises now licensed;
- 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
- 3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

455-11-8107

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:

(Note: <u>NOT</u> Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:	
APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	

#### DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)